## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10612336

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                           |                       |                             |                  |       | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                            |  |
|--|--|---|---------------------------|-----------------------|-----------------------------|------------------|-------|-------------------|------------------------|----|-------------------------------|----------------------------|--|
| TOTAL CLAIMS                                   |  |   | 23                        |                       |                             |                  | RA    | ΤĒ                | FEE                    |    | RATE                          | FEE                        |  |
| FOR  |  |   | NUMBER FILED              |                       | NUMBER EXTRA                |                  | BASI  | FEE               | 375.00                 | OR | BASIC FEE                     | 750.00                     |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 5 2 minus 20=             |                       | * 38                        |                  | X\$   | 9=                |                        | OR | X\$18=                        | 188                        |  |
| INDEPENDENT CLAIMS                             |  |   | 17 m                      | inus 3 =              | * 8                         |                  | X4    | 2=                | -245                   | OR | X84=                          | 000                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT                    |                       |                             |                  | +14   | 0=                |                        | OR | +280=                         |                            |  |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" |                       |                             | olumn 2          | ·TO   | AL                |                        | OR | TOTAL                         | 310€                       |  |
|  | C  |   | MENDE                     | NDED - PART II        |                             |                  |       |                   |                        |    | OTHER                         | OTHER THAN<br>SMALL ENTITY |  |
|  |  | (Column 1)<br>CLAIMS                      |                           | (Colur<br>HIGH        |                             | (Column 3)       | SM    | /LL               |                        | OR | SMALL                         |                            |  |
| AMENDMENT A                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUM<br>PREVIO<br>PAID | BER<br>DUSLY                | PRESENT<br>EXTRA | RA    | ΓE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE     |  |
|  | Total  | *   | Minus                     | **                    |                             | =                | X\$   | 9=                |                        | OR | X\$18=                        |                            |  |
| AME  | Independent  | *   | Minus                     | ***                   |                             | =                | X4    | 2=                |                        | OR | X84=                          |                            |  |
| <b> </b>                                       | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                | PENDENT               | CLAIM                       |                  | +14   | 0=                |                        | OR | +280=                         |                            |  |
|  |  |   |                           |                       |                             |                  |       | OTAL<br>FEE       |                        | OR | TOTAL                         |                            |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                           |                       |                             |                  |       |                   | L                      | ,  | ADDIT. FEE                    | <b></b>                    |  |
|  |  | CLAIMS                                    |                           | HIGH                  |                             | (Column 3)       | _     |                   | ADDI-                  | 1  |                               | ADDI                       |  |
| AMENDMENT B                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUM<br>PREVIO<br>PAID | OUSLY                       | PRESENT<br>EXTRA | RA    | TE                | TIONAL<br>FEE          |    | RATE                          | ADDI-<br>TIONAL<br>FEE     |  |
|  | Total  | *   | Minus                     | **                    |                             | =                | X\$   | 9≃                |                        | OR | X\$18=                        |                            |  |
|  | Independent  | *   | Minus                     | ***                   |                             | =                | X4    | 2=                |                        | OR | X84≈                          |                            |  |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                | PENDEN                | CLAIM                       |                  | +14   | 0=                |                        | OR | +280=                         |                            |  |
|  |  |   |                           |                       |                             |                  | ADDIT | OTAL<br>FFF       |                        | OR | TOTAL<br>ADDIT. FEE           |                            |  |
| (Column 1) (Column 2) (Column 3)               |  |   |                           |                       |                             |                  |       |                   |                        | -  |                               |                            |  |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | PREVI                 | HEST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA    | TE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE     |  |
| NDIN   | Total  | *   | Minus                     | **                    |                             | =                | X\$   | 9=                |                        | OR | X\$18=                        |                            |  |
| AME  | Independent  | *   | Minus                     | ***                   |                             | =                | X4    | 2=                |                        | OR | X84=                          | 1                          |  |
| Ľ  | FIRST PRESE  | ENTATION OF M                             | IULTIPLE DI               | LPENDEN'              | T CLAIN                     |                  |       | ^                 | <b> </b>               | 1  | <b></b>                       |                            |  |
|  |  |   |                           |                       |                             |                  | +14   |                   | ļ                      | OR | +280=                         |                            |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                           |                       |                             |                  |       |                   |                        |    |                               |                            |  |